North Carolina Mental Health Planning and Advisory Council
Royster Building, Room 210, Dix Campus
May 5, 2006
10:00 a.m. – 3:00 p.m.
Meeting Minutes

Members Present: Heather Burkhardt, Ed Seavey, Sheila Wall-Hill, Martin Pharr, Dan Fox, Diann Irwin, Patricia Harris, Libby Jones, Pat Solomon, Mary Reca Todd, Esther High, Bill Jones, Carolyn Wiser, Jeff McLoud, Lucy Dorsey, Frank Read, and Kelly Jones (joined by telephone).
Others: Cecilia Burress, Karen Stallings, Kent Earnhardt, Amy Smiley (filling in for Laura White), and Toni Chatman.
Staff to Council: Susan Robinson, Kelly Crowley and Lisa Jackson.

Call to Order/Introductions/Recognition/Approval of Minutes
Libby Jones, Chair of the Council, called the meeting to order and welcomed everyone. Libby, the Council members and staff recognized those Council members whose terms would be expiring June 30, 2006: Patricia Harris and William Jones. They were thanked for their involvement, commitment and contributions to the Council over the past six years and were given a round of applause. Minutes from the March 3, 2006 meeting were approved.

Strategizing about Council Priorities
Council members were given copies today of the "Summary of the North Carolina Mental Health Block Grant Plan FFY 06 Criterion and Objectives" which summarizes the criterion required by the Center for Medicare and Medicaid Services for the Mental Health Block Grant each year and lists the objectives which states get to define based on the data measures available for each state. Also disseminated today were copies of the "National Outcome Measures" sheet which denotes the National Outcome Measures or NOMS on which each state is required to report (provided there is state capacity to report on a particular measure).

Another handout given out today was the "Summary of Existing Opportunities for North Carolina Consumer and Family Involvement and Advocacy" which listed possibilities for involvement at various levels: national (through state affiliates), Legislature, Departments, Divisions, and state specific advocacy and consumer driven groups.

The first two handouts in particular have been used as guides, not only in this meeting, but in the two previous Council meetings in February and March to begin informing the members about the structure of the Block Grant and how the development of a national set of mental health objectives can be measured through the use of consumer outcome data to evaluate services that are delivered to adults and children with mental illness or serious emotional disturbance and their families. The third handout regarding advocacy and opportunities for involvement reflects an important priority for this Council. Advocacy can take many roles: improved access to services, parity in the coverage of mental health services, and becoming aware of and practicing cultural competency.

Susan Robinson reviewed Council priorities that were determined at the last meeting and the compatibility of those priorities with the objectives which are measured for the Mental Health Block Grant. Priorities which the Council identified during the March Technical Assistance visit were grouped into three areas: the **MH Block Grant Plan** (e.g., Block Grant timeline/process, evaluation of programs funded by the Block Grant (e.g. evidence-based practices—such as the Assertive Community Treatment Team), **Advocacy** (e.g., mental health awareness, cultural competency, parity, and access), and the third priority is **Monitoring** (e.g., consumer/family involvement in person centered planning, timely access, role of consumers in quality improvement/management activities).

In voting to make Advocacy a Council priority for the FFY 07 Mental Health Block Grant Plan, members developed and discussed the Council Goal: *To increase access through advocacy by increasing understanding of cultural competence, parity and awareness.* The Planning Steps to accomplish this goal include getting resource information, supporting specific legislation regarding the Housing Trust Fund, recruiting diversity in membership, reviewing the DMH/DD/SAS Cultural Competency Plan, recommending that youth leadership/awareness take a more active role on the Council as two youth members (age 18-24 years) be added to the Council, and collaborating with existing parity efforts. Possible sources for obtaining resource information include the North Carolina Psychiatric Association, Latino advocacy groups and a recent article on depression in men (which Jeff McLoud had brought to our attention), just to name a few. For more details regarding the resources needed, responsible parties, and timeframes, please refer to the attached document entitled, "FFY 07 Priority Council Activities Plan."

Members requested the most recent version of the Legislative Oversight Committee (LOC) recommendations/report and a link to this website. Members briefly discussed the Council as a whole or by individual member possibly sending a letter to support the LOC proposed recommendations. Not all members had reviewed the recommendations. No motion from members to act on this discussion resulted. (The link to the report will be sent to Council members; the report was dated 05/10/06.) Following is the link: http://www.ncleg.net/Committees/jointlegislativ_2/loc2006reportto_/default.htm

Below is a link to the Division's communication bulletin containing the draft of the Cultural and Linguistic Competency Action Plan: http://www.dhhs.state.nc.us/mhddsas/announce/commbulletins/commbulletin51-draftculturalplan12-22-05total.pdf

Another planning step in increasing access through advocacy was to support specific legislation regarding the Housing Trust Fund, including the development of talking points around this topic so that information could be shared by Council members as they return to their local communities. The Housing Trust Fund is the primary source of funding for the housing finance programs. The goal is to establish a housing trust fund for North Carolina that will contain $50 million, which would cover a wide range of activities including: assisting first time homebuyers, completing home modifications, and

developing housing for the elderly and disabled. Supporters of this campaign include the Aging Coalition, the Mental Health Association, and Coalition 2001.The Housing Trust Fund is the primary source of funding for Supportive Housing, which includes the development of housing for all disabilities, youth in transition, and people re-entering the community from the correctional systems. The motion was made and seconded to write a letter in support of the Housing Trust Fund; in fact, Mary Reca Todd provided a Fact Sheet on the North Carolina Housing Trust Fund, along with a list of campaign supporters which Council members can use in explaining why this campaign is important to the Council and can utilize the handout in sharing with Council member constituency groups. Libby Jones sent an email of support and asked to have the Council added to the list of supporters for the NC Housing Trust Fund on May 5, 2006 with a hard copy of the letter to follow in the mail. Website: www.nchousing.org

A third planning step in furthering advocacy is the recruitment of diversity in Council membership (e.g., ethnicity, race, culture, geography). There will be opportunities to implement this step as there are currently 2 Council vacancies: one vacancy is for a representative of **Families of Adult Consumers with Mental Illness** and the other vacancy is for a representative from the **Education/Training of Mental Health Professionals** field. There will be two additional vacancies when the members' current terms expire on 06/30/06; these two seats involve representatives from **Families of Adults with Mental Illness** and **Adult Consumers with Mental Illness**.

The fourth planning step includes the review of the Division of Mental Health/Developmental Disabilities/Substance Abuse Services' Cultural Competency Plan. Pat Solomon, Jeff McLoud, Libby Jones, Martin Pharr, and Kelly Jones agreed to review the Plan prior to the next Council meeting in August.

The next planning step involves opportunities for youth leadership/awareness in the Council, particularly via the addition of two Council members who fall into the 18-24 year old age range. The Council voted and the motion carried to increase youth representation. According to the Priority Council Activities Plan for FFY 07, the Child Committee will appoint a special committee to review how to change the by-laws to reflect this addition of younger members. It was agreed that youth and young adults who are consumers could complete their terms when they "age-out." The Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Association of Mental Health Planning and Advisory Councils (NAMHPAC) may need to be consulted. Powerful Youth United would be a possible resource. Kelly Jones is involved in youth leadership development.

One of three other top priorities outlined by the Council includes the timeline for writing and active review process of the Mental Health Block Grant Plan and Report, evaluation of programs funded by the Grant, the expenditure of Block Grant funds and related recommendations for funding levels that may be possible. Council members expressed an interest in getting more data. Members provided input in the afternoon's committee break-out sessions in terms of assessing whether they would recommend any changes to

be made in the performance indicators that are used in gathering outcome data for adults and children.

Presentation and Dialogue on the 2006 State Plan

Rebecca Carina, Team Leader from the Division's Planning Team (Operations Support Section) presented today at the Council and gathered input from Council members on the 2006 State Plan which will be published by October 2, 2006. The Division has approved the formation of an external advisory group which has representatives from a range of diverse groups to provide feedback regarding the writing and development of the state plan; questions being asked include: What does the community-based system of services look like? What are the long term goals? What are the accomplishments of each of the last five years? Was each task achieved? What are the next steps? What is required to fulfill the original reform legislation (that must be completed by 2008)? The Legislative Oversight Committee is discussing having a 3-year plan as opposed to a 1-year plan.

Rebecca solicited input from the Council members today; following is a list of members concerns and comments:

- Will state plan people look at data? What is happening with people? How many people are being served? Rebecca stated that more data is being put in the plan.
- How well are we following the plan intended and what changes have been made for better practices and outcomes?
- What are some alternative ways that that can be more workable or more doable? The most positive thing that has happened is the public recognition that things haven't gone well.
- Transformation has only just begun as of March 20, 2006 with the new service definitions in place. So many things have to change at the foundation level and this takes time. It is longer than a 6 year plan. Rebecca responded that the Division is looking at other state plans and where those states are in terms of their implementation. Groups are having dialogue now. There is transformation of the Local Management Entities (LMEs) and implementation of transformation. Consumers are involved in these groups. DMH is to provide the technical assistance.
- The Person Centered Plan standard format was posted on the division website last week; calls are coming in about it. (Libby circulated a copy to members during the meeting.) The Person Centered Plan is lengthy, but the System of Care (SOC) child and family team planning document used for person centered planning is more brief and friendly to families and consumers. There does need to be some standardized framework. The SOC child and family team planning document used for person centered planning is a minimum of three pages, but can go to four or five pages. For adults, this format is very confusing and too many items to fill in, too many pages.
- One Council member asked about opportunities for input to be given; Rebecca stated that she meets with teams within the Division to garner input; she went on to say that she uses the Block Grant as a resource tool and a vehicle for informing planning. Each Local Management Entity will establish a designated System of Care Coordinator recently funded by the Division. Kelly Crowley will be the point person for technical assistance on System of Care issues. There was a question about the local SOC Coordinator job description/criteria for qualifications. It was noted that there are no classification specifics indicated by the Division, though technical assistance will be given if requested. It was suggested that family members can be considered for this function locally.
- For the past 5 years, we have implemented child MH reform as a mini reform within a larger system reform effort. Many lessons learned from previous reform and innovation efforts such as the implementation of the Medicaid 1915b waiver known as Carolina Alternatives for children. Systems are experiencing "overhaul" in a major way. All of our other systems that we depend on in the child and family services system are changing as well, i.e. DSS with MRS, DPH with B-2 year old services, DPI and DJJDP.

- Why is there disparity in services around the state? What about those who can't pay for services and don't have insurance? There is significant variation in quality of care, and lack of timely access to services.
- What about the oversight of providers? We have no "stick" to ensure that services being provided are delivered appropriately. Some private providers are pulling children out of school to deliver services. Some providers are causing problems, even refusing to serve particular clients.
- A consumer report guide is needed to rate the providers. How can people make an informed choice about those providers whom they know nothing about? Some providers share the same physical locale as the Local Management Entity and these roles need to be clearly defined and delineated; also, staff may turnover several times within the year.
- What training is in place to assure that any provider interacting with a consumer or family supports informed decision-making and informed consent; only public mental health providers really understand what this means.
- Graduate and post graduate training is an issue; providers don't have the means to grant internships. Manpower, quality of services and training are important issues. Providers do not have this funding.
- More money is needed to further transformation.
- One positive has been the development of the Consumer and Family Advisory Committees or CFACs around the state.
- The transition process is flowing better, but there was concern expressed that at a certain age, children may get "dropped" from services.
- There doesn't seem to be enough time to do real coordination of services when Community Support is included with other services (regarding the 2-hour limit). This minimum is unrealistic for best practice i.e. for the type of child and family team process used for person centered planning; every child is an exception for this limit just for good team planning which is the foundation for promoting better outcomes.
- People in group homes need to get appropriate services as well, such as vocational rehabilitation services or psychosocial rehabilitation services.
- Increased support for people who spend short-term stays in hospitals as they cycle in and out.
- Services for children need to be child-driven and family-focused
- Better coordination to ensure that clients' rights get top priority in terms of quality assurance
- Take preventive actions to keep children from entering the Juvenile Justice System and child welfare custody.
- There needs to be increased funding for developing appropriate resources for adults with mental illness. Adult care homes used as a destination for adults with mental illness is not best practice; it's not acceptable.
- More accountability on the part of the Local Management Entities
- Assurance that schools provide appropriate mental health services
- Availability of competent service providers
- Better coordination of services and more service options
- Elimination of shelters and adult care homes as the destination when doing discharge planning or permanent life planning.
- When will you (Rebecca) come back with progress? How will communities participate in this planning process?

Sub-Committee Summaries

Adult Sub-Committee

The Adult Sub-Committee met and reviewed the Adult Mental Health criterion from the last Block Grant Plan and Implementation Report. Questions from Criterion 1, Comprehensive Community-Based Mental Health Service Systems Performance Indicators were as follows:

Criterion 1, Goal 1 (to provide community based services that are accessible): In terms of data gleaned from the NC TOPPS (North Carolina Treatment Outcomes and Program Performance System), the question was asked if Quality Management staff (Shealy Thompson's team) could help us gauge the ease of access into services and what happens when people drop out of services. There was discussion about how the needs of those individuals were met who didn't have easy access to the system.

Criterion 1, Goal 2 and Goal 3 (to provide community based services that are responsive to consumer needs and preferences and that promote positive outcomes): Committee members felt that responses from other groups need to be included in the narrative of the next Plan. Admissions are up at the state hospitals. The focus has been to decrease the number of admissions to shelters. The development of community resources is always critical in discharge planning and increasing capacity in the community. The length of stay has been reduced, but the readmission rates have increased. There have been 539 beds which have closed. People are getting re-routed; is there an increase in acute and short-term beds?? The acute needs are greater.

Another question that came up regarding Criterion 1, Goal 2, was about tracking; is there a way to track discharges from the hospitals to long-term care homes, nursing homes, group homes, adult care homes, and/or supported independent living resources in the community? Committee members felt strongly that the number of people moving from hospitals to adult long-term care homes should be decreased. This, if not able to be added as one of the goals, could be inserted into the narrative. Are consumer surveys being disseminated in the adult care homes? In terms of independent living situations and residences, the goal is to decrease the number of people going to long-term care homes, nursing homes and increasing the number of supported/independent housing options. In any discussion around moving people into less restrictive housing, there are usually funding issues and this is outside the control of the Council. (Editorial note: Laura White and one of her staff, Lena Klumper, have created a matrix with destinations of those discharged from the four state psychiatric hospitals between 2002-2005).

Questions regarding Criterion 2, Mental Health System Data Epidemiology Performance Indicators were as follows:

Criterion 2, Goal 1 (to meet the community based service needs of adults with serious mental illness): There has been an increase in the number of people served; is there a way to capture the number of provider visits/contacts that a client has within a given year? Criterion 2, Goal 3 (to reduce the number of adults with serious mental illness who risk being arrested or who are in jails by providing outreach and community based services): Committee members asked if there was a better way to track mental health needs in the correctional system.

Additional questions and concerns from Adult Sub-Committee members:

- How many Assertive Community Treatment Teams (ACTT) are there in the state? Do ACT Teams require Master's level psychiatric nurses? Could there be a

goal added regarding ACTT? (Editorial note: Rebecca Carrina provided Lisa with a copy of the Community Intervention Services Log for enrolled ACTT providers around the state; this handout will be available at the 08/04 meeting. Master's level psychiatric nurses are not required; the Adult Sub-Committee on 07/14/06 did agree and request that a new indicator reflecting the evidence-based practice of ACTT be added to the upcoming Plan for 2006-07).

Child and Family Sub-Committee
Sheila Wall Hill convened the committee meeting. Susan Robinson reviewed the child section of the Block Grant Plan indicators, measures and national outcome measures.

Discussion included the following: the current measures and data tell us; ways this helps planning; what information is missing, what information thru past data systems were available e.g. the Child Plan (amended March 2004) articulates over-utilization of residential services and limited community based services – suggested measure of # of children served in community vs. out of home; what regular reports are generated that could better inform the Council on a periodic basis in developing the plan and monitoring those served/not served and outcomes; what role do consumers have in satisfaction survey and quality management/improvement designs thru the LME and especially now thru directly enrolled providers; what process is in place to train providers on use of NCTOPPS and how do consumers know about this tool and complete survey and tools without fear of retaliation or discrimination; families are at the mercy of providers and cannot afford to alienate them; need for training of families/youth re: informed consent and informed decision-making; providers need the same training to assure informed consent and decision-making occurs –e.g. recent requirement for families to designate a community support provider prior to March 20th in an effort to assure a responsible provider was facilitating and monitoring child and family team process in the development of person centered plans; what data exists from other agencies that can inform and support the DMHDDSAS data to demonstrate progress toward outcomes or indicate where system changes in approach are needed; representation of trends over time. Some broader systems issues were raised as well that will serve to inform topical discussions re: school mental health services, transition age youth needs, provider capacity, physician links training, mechanism to establish a sustained funding source for family and youth involvement and leadership development, and update reports on block grant funded initiatives by contractors.

Recommendations on indicators and measures included:

- ✔ Obtain regular reports on basic data that is reported in the MHBG Report through the year. Trends and changes will be noted and inform planning and projected targets.
- ✔ Show trends over time in data reported in the Block Grant report. What is possible to measure apples to apples with the new data systems? [It was noted that data comparisons for trends over time was difficult in the past few years while data systems, outcome tools, population criteria and data samples were modified.]
- ✔ Explore ability to measure the following:
    - By county/LME the # of children
        - in out of home or out of county treatment services.

        - in DSS custody who are receiving mental health services.
        - involved with the justice system who are receiving mental health services.
        - # of children referred, but not served or time in waiting for services.
        - Run by rural vs. urban counties for all services.
    - # of children served who are homeless as well as keeping the indicator for funding level. Add as an indicator.
    - # of children who are deaf and hard of hearing getting services and what these services are.
    - # of children who are sexually reactive/aggressive receiving services.
    - # of children referred, but screened out as eligible for target populations – what happened to them, what services do they get, what provider sees them.
    - By county, the # of providers/cultural representation/for what services are endorsed and enrolled. Add as an indicator for strengthening service system and in Criterion 5.
        - Explore provider report card format and criteria for report card that reflect SOC best practices.
            - # of providers who obtained training and certifications to implement best practices and EBP such as MST, therapeutic foster care, cognitive behavioral therapy, trauma focused therapy. How do professional organizations improve provider practices and inform this data and thus child outcomes?
- By county or statewide, # of family support/advocate groups available to families and a scan of the membership. FERN – Family Education Resource Network may be a source for this information.
- Explore changes to the consumer satisfaction survey to gain more qualitative information on process, timeliness of diagnostic assessment and services, strengths based, cultural competence, family friendly, consumer driven, appropriate to/met needs, degree consumer understood rights, choices and could make informed decisions for their care.
    - Measure satisfaction of any encounter with the LME/provider.
    - Measure status of no show, incomplete referral, disengaged consumer – could consumers be trained to do f/up at agreed upon interval?
- Explore ways to measure degree of the continuity of care in community based system (Provider changes are reported to occur at a higher frequency than in the past.)
- Gain better understanding of the process by which consumers (youth and families) are asked to complete the NCTOPPS and consumer satisfaction. Explore changes to this process to remove barriers and get more accurate results that will improve quality of care.
- Ask partners from Medicaid, Health Choice, social services, public health, primary care providers, schools, justice and courts to provide data they have available about these same children to better inform DMHDDSAS data sets.

- Ask quality management and accountability what expectation is in place for and how the LMEs are providing training to and practice information on tools (NCTOPPS, consumer satisfaction survey) and how this is monitored or measured by the LMEs in actual services to families and how consumers are involved in this evaluation/monitoring process.

Future Child and Family Committee meeting agenda recommendations included:

- NAMI/NC Young Families Initiative, Linda Swann, will be asked to report to the Committee on August 4th.
- Proposed common outcome indicators from the Children's Services Workgroup legislative report. (Stephanie Nantz will be asked to come in October.)
- Invite staff from quality management, accountability and consumer advocacy to discuss specific consumer input and participation as part of the process at local/state levels.
- Partner agency annual reports on child/service data from DPI (PBS, school improvement, expulsions, disparities, homeless), DSS (federal indicators), Public Health, Office of Education Services, DJJDP and AOC.

Suggestion

Just prior to the meeting coming to a close, Bill Jones introduced some by-law changes (pertaining to Council memberships) which members moved to table until the next full Council meeting due to a lack of time to cover this item today.

Future Meeting Schedule

The next full meeting of the Council will be Friday, August 4, 2006; however, each sub-committee voted to have an abbreviated meeting in the month of July: the Adult Sub-Committee will meet on July 14th from 10 am to 12 noon in the Royster Building; the Child Sub-Committee will meet on July 21st from 10 to 12 in the Royster Building.

Wrap-Up

Libby Jones adjourned the meeting, thanking everyone for their participation. Libby once again acknowledged and the Council showed appreciation for Bill Jones' and Patricia Harris' commitment to the Council and as vital members of their community.

Handouts

1) Agenda
2) Draft Minutes from March Meeting
3) Summary of the North Carolina Mental Health Block Grant Plan FFY 06 Criterion and Objectives
4) National Outcome Measures sheet
5) Summary of Existing Opportunities for North Carolina Consumer and Family Involvement and Advocacy
6) Priority Council Activities Plan for FFY 07
7) The North Carolina Housing Trust Fund Fact Sheet
8) By-Laws Revision Handout